

Report on 2005 White House Conference Event Held in Conjunction with the Joint Conference of the Southeastern Association of Area Agencies on Aging and the North Carolina Conference on Aging

Date, Location, and Nature of Event: October 17-20, 2004 at the Sheraton Imperial, Research Triangle Park, North Carolina. Included presentation about the White House Conference on Aging by Dr. Ann McGee, executive director of the 2005 White House Conference, during the closing session on October 20th. Others presenting at closing session included Sandra Markwood, Chief Executive Officer of the National Association of Area Agencies on Aging and Robert Blancato, a member of the 2005 WHCOA Policy Committee and the executive director of the 1995 White House Conference on Aging. The joint SE4A/NC Conference on Aging included service professionals, consumer advocates, academicians, students, seniors, and other interested parties from the eight southeastern states—Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.

Conference Attendance: 600+ Estimated % Seniors: 15-20%
Providing Written Response as Summarized Below: 29

Summary of Participant Input

Among the 29 conference participants who identified at least one priority issue for consideration by the WHCOA Policy Committee, the top six issues were as follows:

- ☐ Transportation
- ☐ Senior-friendly communities and support of community and personal planning
- ☐ Health promotion and disease prevention and management
- ☐ Older Americans Act reauthorization and funding
- ☐ Long-Term Care Insurance tax incentives
- ☐ Medicare education and improvement of prescription drug program

From examining all of the responses, it appears that there was interest in all of the agenda items identified by the WHCOA Policy Committee, with the possible exception of 'Marketing.' The responses especially seemed to relate to *Planning along the Lifespan, Our Community, and Health and Long Term Living*.

Interest in senior-friendly communities and planning seems consistent with N4A's advocacy for a new Title VIII of the Older Americans Act targeted to support community planning to meet the needs of an aging population (e.g., housing, transportation, safety).

Issue	# of Respondents	Barriers	Solutions
Transportation, especially in rural communities	7	<ul style="list-style-type: none"> <input type="checkbox"/> Poor coordination of transportation and human services planning—separate agencies with very different goals and worldviews <input type="checkbox"/> Funding levels are very low for serving the ‘Transportation Disadvantaged’ <input type="checkbox"/> People in the county have difficulty getting into the city for services <input type="checkbox"/> Cost and insurance <input type="checkbox"/> Lack of funding and service providers and unwillingness to share or cross agency dollars 	<ul style="list-style-type: none"> <input type="checkbox"/> Form collaborative ventures to look at transportation wholistically—as not just part of service delivery bu part of daily life <input type="checkbox"/> Funding levels need to be adjusted to meet demands for increased gas prices <input type="checkbox"/> Provide funds for ‘volunteer’ drivers <input type="checkbox"/> Provide special grants to faith-based and non-profits to coordinate and share transportation resources (e.g., vans, drivers) <input type="checkbox"/> Establish non-profit insurance pool for faith-based non-profits to cover sharing vehicles, using volunteers, etc. <input type="checkbox"/> Innovative funding streams <input type="checkbox"/> New procurement <input type="checkbox"/> Streamline standards, policies and procedures required at State levels
Create ‘Senior-friendly’ Communities and support planning along the lifespan—community and personal.	5	<ul style="list-style-type: none"> <input type="checkbox"/> The difficulty of thinking more widely than services for the most vulnerable to things that make everyday life easier for all older adults <input type="checkbox"/> Especially challenging for rural dwelling residents <input type="checkbox"/> Economic, social and educational <input type="checkbox"/> Our communities are not ‘senior-friendly’—lack of affordable housing, transportation, health care, or emphasis on staying healthy <input type="checkbox"/> Ageism—community at large does not hold seniors in high regard and does not want to address issues critical to aging process <input type="checkbox"/> Planning for one’s senior years must start in early adulthood—but planning ahead is a foreign concept to many adults. 	<ul style="list-style-type: none"> <input type="checkbox"/> Support people-friendly community planning <input type="checkbox"/> Involve engineers, parks & recreation, universal design experts, businesses, as well as traditional services to older adults <input type="checkbox"/> Provide incentives for personal planning early on—offer packages as people enter the workforce so that it becomes a way of life—stress the need to plan ahead beginning in high school <input type="checkbox"/> Promote self-contained communities that provide stores, schools, health-care and leisure activities within walking distance of residential complexes <input type="checkbox"/> Much improved transportation system that meets senior mobility needs <input type="checkbox"/> Support and follow ‘healthy aging concepts’
Emphasize health promotion/disease prevention programs, including chronic disease management	4	<ul style="list-style-type: none"> <input type="checkbox"/> Not being addressed, especially in light of boomers <input type="checkbox"/> Low priority <input type="checkbox"/> No solid cost-analysis research 	<ul style="list-style-type: none"> <input type="checkbox"/> Fund aggressive prevention funding for boomers to take more responsibility for their health <input type="checkbox"/> Partner with insurance companies <input type="checkbox"/> Health care professionals must have incentives to take more time with patients

			<input type="checkbox"/> Promote Senior Centers as Community Wellness Centers <input type="checkbox"/> Expand partnerships among aging networks and the other community networks—health, business, faith, etc.
Reauthorizing the Older Americans Act on time to allow a seamless transition and increased funding to meet the growing demands for services	3	<input type="checkbox"/> Growing aging population <input type="checkbox"/> Decreased domestic spending because of increased foreign policy spending	<input type="checkbox"/> Educate seniors about what is realistic to expect <input type="checkbox"/> Reward those who prepare for their old age by letting them keep their money <input type="checkbox"/> Show the outcomes of increased spending in the area of in-home and community-based services
Tax deduction for Long-Term Care Insurance purchase.	3	<input type="checkbox"/> May be impact on taxes <input type="checkbox"/> Confusing for elderly and their families/caregivers <input type="checkbox"/> Ability for policies to adapt to changing services and societal conditions	<input type="checkbox"/> Better economy would help <input type="checkbox"/> Standardize long-term care insurance as has been done for Medigap insurance <input type="checkbox"/> Establish some governmental assurance that paying now will result in benefits later—that if the system becomes overburdened, companies will not go bankrupt and stop providing assistance
Assure adequate resources for AAAs and SHIPs to meet the urgent need for quality information and one-on-one assistance about the historic changes in Medicare benefits.	3 {also see <i>Modernize and improve Prescription Drug Program</i> }	<input type="checkbox"/> Rely solely on SHIP counseling expecting volunteers (mostly seniors) to provide assistance with health insurance options (e.g., Medicare prescription drug cards)	<input type="checkbox"/> Support paid staff at the local/regional level to manage the program for the Medicare Prescription Drug Cards and other Medicare changes on a full-time basis <input type="checkbox"/> Show outcomes to report benefits of increased support
Modernize and improve the Medicare Prescription Drug Program by closing the ‘doughnut hole,’ allowing Medicare to negotiate with drug companies, allowing people with no prescription drug coverage to order from Canada, and simplifying the new prescription drug program.	2 {also see <i>Make health care affordable, including drugs, and Assure adequate resources for AAAs and SHIPs to [assist with] historic changes in Medicare benefits.</i> }	<input type="checkbox"/> Large drug company lobbies who contribute to political campaigns <input type="checkbox"/> Current Medicare Modernization Act <input type="checkbox"/> Accessing the new prescription drug program is very difficult and very unfriendly	<input type="checkbox"/> Stop the partisan politics and work together to make prescription drugs more affordable <input type="checkbox"/> Stop letting the drug companies rule Congress <input type="checkbox"/> Permit Medicare to buy prescription drugs and dispense them to beneficiaries <input type="checkbox"/> Just give a pure discount across the board <input type="checkbox"/> Look at Canada for reduced costs—the government already goes to England for flu shots
Make health care affordable, including drugs	2 {Also see <i>Affordable Dental Health Care</i> }	<input type="checkbox"/> Drug companies, physicians, the bureaucracy <input type="checkbox"/> Escalating cost of drugs	<input type="checkbox"/> Form partnerships—talk and work with one another <input type="checkbox"/> Put the client’s needs in the center <input type="checkbox"/> Emphasize wellness to avoid need for so many drugs
Provide funding for more community-based services in long-term care—to include more adult day care facilities with	2	<input type="checkbox"/> Nursing homes will lobby against shifting funds, especially Medicaid, from their services	<input type="checkbox"/> By establishing and subsidizing non-profit adult day care facilities, more caregivers can keep their loved ones at

subsidy to aid working caregivers.		<input type="checkbox"/> Mandated services overpower non-mandated services <input type="checkbox"/> Need to be bold and creative	home rather than placing them in a nursing home <input type="checkbox"/> Look to states like Wisconsin that have addressed institutional bias <input type="checkbox"/> Expand consumer-directed care
Housing designed to 'age-in-place' for all, including the availability of needed services. Affordable housing.	2	<input type="checkbox"/> Over-inflated initial cost <input type="checkbox"/> Building codes <input type="checkbox"/> Building industry <input type="checkbox"/> Few affordable choices for the single female and few services for her when she has few relatives nearby	<input type="checkbox"/> Education of savings to all if done up-front <input type="checkbox"/> Work with local, state, and federal policymakers <input type="checkbox"/> Tax incentives <input type="checkbox"/> Community planning to develop sites
Education about what services are available for older adults—Information and Assistance services	2	<input type="checkbox"/> Stigma of being considered a drain or dependent on the State	<input type="checkbox"/> Begin addressing aging issues in high school <input type="checkbox"/> Assure adequate support of I&R services
Eliminate Social Security 'give-back' for persons collecting Social Security who also work (presently applies only to persons over 65)	1	-	-
Preserve Social Security and prohibit 'carve-outs' from the Social Security Trust Fund.	1	<input type="checkbox"/> Concern about the Baby Boom and the cost of providing them with Social Security	<input type="checkbox"/> Increase retirement age <input type="checkbox"/> Increase Social Security tax by a small percentage
Long-term mentally ill within the aging population.	1	<input type="checkbox"/> Not being addressed in elder years <input type="checkbox"/> Stigma	<input type="checkbox"/> Educate public and leaders about signs & symptoms of mental illness to raise awareness and reduce stigma <input type="checkbox"/> More legislation and advocacy
Promotion of Health Savings Accounts for boomers—encouraging them to save for long-term care needs.	1	<input type="checkbox"/> May have impact on taxes collected	<input type="checkbox"/> The tax issue will be solved over time with less dependency on Medicaid and other federal programs
Mandatory criminal background check on all workers in nursing homes, adult care homes, assisted living, adult day services and in-home services.	1	<input type="checkbox"/> Time to check <input type="checkbox"/> Laws regarding release of information	<input type="checkbox"/> Education of policymakers and providers of win-win situation for all
Consumer direction, especially given the needs and interests of aging boomers	1	<input type="checkbox"/> A provider-based service delivery system <input type="checkbox"/> Quality issues	<input type="checkbox"/> Education to aging network about consumer direction <input type="checkbox"/> Increased funding for care management services <input type="checkbox"/> Quality assurance models <input type="checkbox"/> Create a culture of change in the aging network
Abuse of the system	1	<input type="checkbox"/> Clients that abuse or overuse the system	<input type="checkbox"/> Make the abuse public <input type="checkbox"/> Older adults should take a more active role in this education
Employment—re-employment and training for older adults	1	<input type="checkbox"/> Available resources geared towards younger people <input type="checkbox"/> Employers unwilling to train or invest in older employees	<input type="checkbox"/> More services at community college level <input type="checkbox"/> Tax credits
Affordable Dental Health Care	1	-	-
Increased support of home-	1	<input type="checkbox"/> Transfer limits	<input type="checkbox"/> State flexibility to transfer

delivered meals			funds, as needed, to best serve local areas
Build infrastructure for new concept of senior centers that will attract participants	1	<input type="checkbox"/> Funds <input type="checkbox"/> Human resources	<input type="checkbox"/> Allow use of congregate meals (Title III) funds for this purpose
Strengthen funding levels for Ombudsman Program	1	<input type="checkbox"/> More facilities in long term care <input type="checkbox"/> Few trained Ombudsmen	<input type="checkbox"/> Increase funding levels
Develop links to Governors' offices to ensure continual understanding of Aging programs within States	1	<input type="checkbox"/> Organization of State government	<input type="checkbox"/> Partnerships with Governors' Association and training sessions for new Governors
Social Engagement—recognize the value of senior volunteers	1	<input type="checkbox"/> State and federal governments do not realize the dollar-value of senior volunteers	<input type="checkbox"/> People doing community services should be rewarded with leisure activities and life-long learning with no expense to the volunteers
Support Family Caregiving, including older adults caring for adult children with disabilities	1	<input type="checkbox"/> Change supplemental service funding restriction of 20% to support building service delivery infrastructure, especially in rural areas	<input type="checkbox"/> Allow support of caregivers aged 60+ who are caring for a family member under 60, under the Family Caregiver Support Program
Fragmentation of Services	1	<input type="checkbox"/> Planning for coordination rests with professionals and academics with lip-service to partnering with older adults	<input type="checkbox"/> Support existing models of focal point senior centers that involve older adults in multiple roles <input type="checkbox"/> Encourage public-sponsored centers to adopt non-profit governance model (i.e., Board of Directors)
Lack of Emerging Leadership among Future Older Adults	1	<input type="checkbox"/> Professionals within the provider group and for-profit organizations are reluctant to engage in true partnerships	<input type="checkbox"/> Start at the top of the 'Aging Network' and re-institute the Federal Council. <input type="checkbox"/> Encourage advisory committees to be officially designated at the state level. <input type="checkbox"/> Offer leadership training to older adults